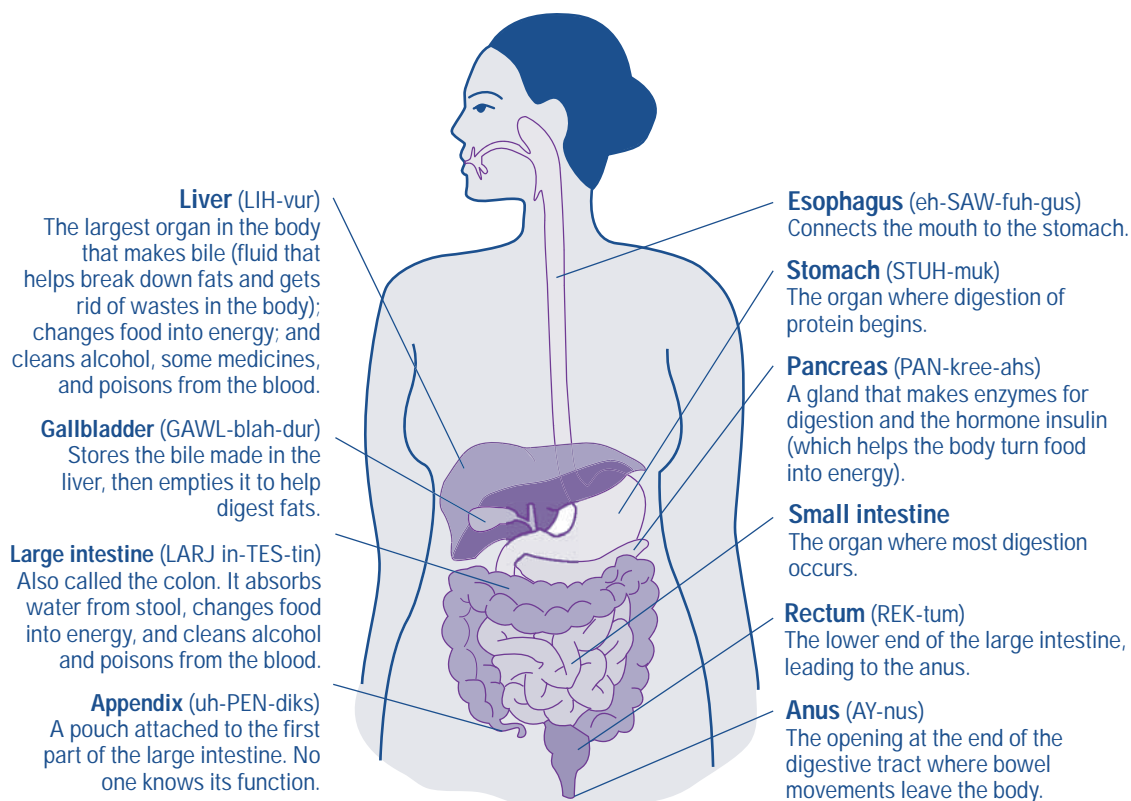


Living with a Healthy Digestive System

Hearthburn, gas, bloating, diarrhea, and constipation. For the most part, we don't like to tell others we're having these problems! We tend to suffer in silence, hoping that our discomfort will end soon. Although these symptoms could be from a

stomach “bug,” or something we ate, they also could be signs of serious health problems. Some problems in our digestive system have no known cause, but they can usually be treated.

These are the parts of your digestive system.



Common Digestive Diseases and Syndromes

Some of the most common digestive diseases and syndromes include the following.

Inflammatory bowel disease (in-FLAM-uh-toh-ree BAH-wul duh-zeez) (IBD) is a long-term disease that causes a swollen small intestine and colon. When these tissues become inflamed or swollen, sores (ulcers) form and bleed. Symptoms include:

- diarrhea that can be bloody
- rectal bleeding
- mucus (a clear liquid) in the stool
- nausea (the feeling of wanting to throw up) and vomiting (throwing up)
- fever
- weight loss without a certain reason
- pain and tenderness in the lower right side of your abdomen
- slowed growth and delayed sexual development (mostly seen in children with IBD)



Two of the most common forms of IBD are:

- Ulcerative colitis (UL-sur-ay-tuv koh-LY-tis), which causes inflammation and ulcers in the lining of the large intestine (colon) or rectum; and
- Crohn's disease (krohnz duh-zeez), which causes irritation deeper within the intestinal wall. Also, Crohn's disease usually occurs in the small intestine, although it can also occur in the mouth, esophagus, stomach, duodenum, large intestine, appendix, and anus.

No one knows for sure what causes IBD, but researchers suspect it may be a bacterium (germ) or virus. It most often occurs in young people between the ages of 15 and 40.

Irritable bowel syndrome (EER-uh-tuh-bul BAH-wul sin-droh-m) (IBS) is a problem that mainly affects the bowel, also called the large intestine or colon. IBS is not a disease—it is a problem in which the bowel does not work as it should. IBS is a term used to describe discomfort in the bowel. IBS does not hurt the intestines and does not lead to cancer. It is not related to Crohn’s disease or ulcerative colitis. Although IBS doesn’t cause damage to the digestive tract it can cause:

- gas
- bloating (feeling of fullness in your abdomen)
- burping
- abdominal pain
- diarrhea (frequent loose stools)
- constipation (infrequent stools that may be hard, dry, and painful)
- alternating constipation and diarrhea
- feeling like you don’t have complete bowel movements
- feeling a crampy urge to move the bowels but cannot do so
- mucus (a clear liquid) in the stool

The cause of IBS is not known, and as yet there is no cure.

Gastroesophageal (gastro-eh-saw-fuh-JEE-ul) reflux (REE-flux) disease (GERD) occurs when the muscle between the esophagus (food pipe) and stomach relaxes. This muscle acts like a



door to the stomach – the door opens for food from the esophagus. The door should close after the food comes into the stomach. When the “door” muscle doesn’t work correctly, stomach contents splash back into the esophagus, causing reflux.

Heartburn, which feels like a burning deep in the throat or near the mouth, is the most common symptom of GERD. Mild heartburn can often be controlled through diet (avoiding certain types of foods or alcohol and eating smaller and more frequent daily meals). But long-term heartburn can wear away the lining of the esophagus and needs to be checked out by



your doctor. Anyone who has heartburn twice a week or more may have GERD. But you can have GERD without having heartburn.

Other symptoms of GERD are:

- needing to clear your throat a lot more than usual
- problems swallowing
- feeling that food is stuck in your throat
- burning in the mouth
- pain in the chest

In infants and children, GERD may cause repeated vomiting, coughing, and other respiratory problems. Most babies grow out of GERD by their first birthday. Still, you should talk to your child's doctor if his or her symptoms occur regularly and cause discomfort.

Some symptoms may be signs of more serious health problems. Call your doctor right away if you have:

- sharp and sudden stomach pain
- stomach pain that doesn't go away
- bloody stools (that can be either bright red or very black)
- rectal bleeding or pain
- bloody vomit that looks like coffee grounds
- unexplained weight loss
- constant and extreme fatigue
- a change in your normal bowel movements that lasts longer than 10 to 14 days or that does not get back to normal with over-the-counter medicines





Tests and Treatments

Step 1

A physical exam is the first step in finding out if you have a digestive disease. Your doctor will ask you about your symptoms (when they started, when and how often they occur, how long they last), bowel habits, diet, and medications you might be taking. He or she needs to rule out other health problems to make sure they aren't the cause of your symptoms.



Step 2

Your doctor usually will first treat your symptoms and ask you to make lifestyle changes as well. These changes can involve:

- changing your diet (avoiding certain types of foods or alcohol and eating smaller and more frequent daily meals)
- quitting smoking
- reducing stress
- getting regular physical activity



Step 3

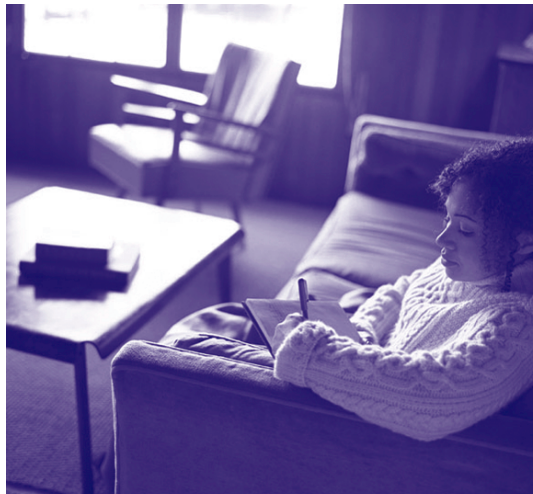
If your symptoms do not improve, then there are different tests you can have, depending on your symptoms. Once your doctor figures out what your health problem is, he or she can treat you. Treatment can involve a combination of things. Medicines are usually the first treatments. Your doctor might suggest surgery if you have a more severe problem that is not helped by medicines.

Disease/ Syndrome	Tests	Treatment
IBD	<ul style="list-style-type: none"> • blood and stool samples – looks for blood or infection • barium enema (<i>BAIR-ee-um EN-uh-muh</i>) x-ray – looks for problems in the colon (the doctor puts barium into your bowel through the anus and x-rays are taken) • colonoscopy (<i>koh-luh-NAW-skuh-pee</i>) or sigmoidoscopy (<i>SIG-moy-DAW-skuh-pee</i>) – looks for problems in the lining of the colon (a thin, flexible tube is put into the colon through the anus) • upper gastrointestinal (<i>GAH-stroh-in-TES-tuh-nul</i>) (GI) series – looks for problems in the small intestine (you drink a liquid and x-rays are taken) 	<ul style="list-style-type: none"> • medicines to control inflammation and relieve symptoms • surgery to remove the colon or diseased parts of the bowel
IBS	<ul style="list-style-type: none"> • blood tests – looks for infection • barium enema x-ray – looks for problems in the bowel (the doctor puts barium into your bowel through the anus and x-rays are taken) • endoscopy (<i>en-DAW-skuh-pee</i>) – looks for problems inside the bowel (the doctor puts a thin tube with a camera in it into your bowel) 	<ul style="list-style-type: none"> • medicines to relieve symptoms
GERD	<ul style="list-style-type: none"> • barium (<i>BAIR-ee-um</i>) swallow radiograph – looks for problems with how the esophagus is working (you drink a liquid and x-rays are taken) • upper endoscopy – looks for problems and inflammation of the esophagus (your throat is numbed and a thin tube that has a tiny camera is put in) • pH monitoring exam – looks at what goes on with stomach contents and when it comes up into your esophagus (a tiny tube is placed into the esophagus for 24 hours) 	<ul style="list-style-type: none"> • medicines to control your body from making too much acid and to relieve symptoms • medicines to make the stomach empty faster • surgery for severe cases to strengthen and repair stomach muscles

Steps You Can Take for a Healthy Digestive System

Besides working with your doctor and taking medicines to control your symptoms, you can also take these steps.

- Try limiting the foods that cause your symptoms to flare up. But, before changing your diet, keep a journal noting the foods that seem to cause you distress. Then discuss your findings with your doctor. You may also want to consult a **R**egistered **D**ietitian (RD), who can help you make changes to your diet. For instance, if dairy products cause your symptoms to flare up, you can try eating less of those foods. Dairy products are an important source of calcium and other nutrients though. If you need to avoid them, be sure to get enough calcium and nutrients in other foods.



- Eat smaller, more frequent meals. Large meals can cause cramping and diarrhea in people with irritable bowel syndrome.
- Eat a diet that is low in saturated fat.
- Eat a diet that is high in fiber. In many cases, fiber helps lessen constipation, but it may not help diarrhea or pain. Whole-grain breads and cereals, fruits, and vegetables are good sources of fiber. High-fiber diets may cause gas and bloating at first, but these symptoms often go away within a few weeks as your body adjusts.
- Try to drink six to eight glasses of plain water each day, especially if you have diarrhea. Carbonated drinks, such as sodas, may cause gas and stomach discomfort. Chewing gum and eating too quickly can lead to swallowing air, which again leads to gas.



- Ask your doctor if you should take vitamins or supplements.
 - Try to stay at a healthy weight. Talk with your doctor about what a healthy weight is for you.
 - If you drink alcohol, do not have more than one drink per day or stop drinking altogether.
 - If you smoke, quit.
 - Get regular physical activity. At least thirty minutes on most days of the week can greatly improve your health!
 - Control your stress. Many people think stress alone can cause digestive problems. Although this is not true, sometimes stress and emotions can trigger symptoms and also make them feel worse. *See the chapter on page 56 for more information on controlling stress.*
- Get regular screening tests for colorectal cancer (cancer in either the colon or rectum). Colorectal cancer is easy to treat and often curable when found early. The best tool against this disease is screening. Many women fear that the screening tests are embarrassing or painful. But they're not as bad as you might think. *See the screening charts on page 17 for more information.*
 - If you have GERD, avoid lying down for three hours after a meal. You also might try raising the head of your bed six to eight inches by putting blocks of wood under the bedposts (just using extra pillows will not help).

Then and Now

In 2000, the U.S. Food and Drug Administration (FDA) approved two new treatments for chronic (long-term) heartburn. One treatment puts stitches in the muscle between the esophagus and the stomach to help strengthen the muscle, so it does not allow stomach contents to go back up into the esophagus. The other treatment creates tiny cuts on that muscle. When the cuts heal, the scar tissue helps toughen the muscle. The long-term effects of these two new treatments are unknown, but they give hope to people who have severe problems with heartburn.